

STATE'S WITNESS - DR. JOSEPH PRAHLOW - (DIRECT)

1 MS. BECKER: May we approach.

2 (An off-the-record discussion was held
3 at the bench.)

4 MS. BECKER: Dr. Joseph Prahlow.

5 THE COURT: Raise your right hand, sir.

6 (The witness was sworn.)

7 THE WITNESS: I do.

8 THE COURT: Take the witness stand, sir.

9 **DR. JOSEPH PRAHLOW**

10 **called on behalf of the State, having been first duly**
11 **sworn, testified as follows:**

12 **DIRECT EXAMINATION**

13 BY MS. BECKER:

14 Q Doctor, would you please introduce yourself to our
15 jury?

16 A Yes. My name Dr. Joseph Prahlow P-r-a-h-l-o-w.

17 Q What do you do for a living?

18 A I'm a forensic pathologist.

19 Q What is forensic pathologist?

20 A A forensic pathologist is a physician who first of
21 all becomes a pathologist, who is a physician who
22 specializes in the study of disease. And then a
23 forensic pathologist goes on to receive further
24 training in forensic pathology, which specifically
25 deals with the investigation of sudden unexpected

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1 or violent death.

2 Q Okay. Are there special -- or are there specialty
3 areas in the science of pathology?

4 A Yes.

5 Q What types?

6 A There are -- there are two major groups -- or
7 divisions within the world of pathology. Again,
8 pathology is the study of disease. There is
9 anatomic pathology and clinical pathology.
10 Clinical pathology has to do with the laboratory,
11 laboratory aspect of medicine. So if you do have
12 blood work done, if you have a throat culture done,
13 the blood bank, all the laboratories, that's
14 clinical pathology; and the pathologist kind of
15 runs that. And each one of those areas can be a
16 subspecialty within the world of pathology.

17 Anatomic pathology has to do with microscopic
18 work, looking at tissues that are removed at
19 surgery or biopsied, making diagnosis. Is this
20 cancer? Is it not cancer? What type of cancer is
21 it? Are the lymph nodes involved? That's what we
22 call *surgical pathology* doing the microscopic work.

23 Another part of anatomic pathology is autopsy
24 pathology. Doing a surgical procedure after death
25 on a body, and that's an autopsy. And a

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1 subdivision of autopsy pathology is forensic
2 pathology where we specifically investigate by
3 performing autopsies, sudden unexpected or violent
4 deaths.

5 Q In what type of pathology are you trained?

6 A I did a five-year residency in pathology which
7 included anatomic and clinical pathology, and then
8 I did a one year fellowship, one more additional
9 year of training, in forensic pathology. I'm board
10 certified in anatomic pathology, clinical
11 pathology, and forensic pathology.

12 Q Well, presuming you had to probably getting an
13 undergraduate degree before going through with the
14 pathology further studies. Correct?

15 A Yes.

16 Q Where is your undergraduate degree from?

17 A I received a bachelor of science degree from
18 Valparaiso University in chemistry and biology. I
19 then got my medical degree, my M.D. degree from
20 Indiana University. And then I did my five year
21 residency in pathology at Wake Forest University,
22 which is in Winston Salem, North Carolina. And
23 then I did my one year fellowship in forensic
24 pathology at the University of Texas Southwestern
25 in Dallas, Texas?

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1 Q After you finished your one year clinical in
2 Dallas, Texas, did you stay in Texas?

3 A Yes, I did.

4 Q How long did you stay in Texas and, what did you do
5 there?

6 A I stayed in Texas for three additional years
7 following my formal training, and I stayed on
8 faculty, or staff, at the University of Texas
9 Southwestern at the Institute of Forensic Sciences
10 there.

11 Q After you left Texas, where did you go?

12 A In the middle of 1999, I moved back home to
13 Indiana, to this area, where I took a job at the
14 South Bend Medical Foundation as a forensic
15 pathologist. And my duties include performing a
16 bulk of the autopsies, whether they are coroner's
17 cases, forensic cases or hospital autopsies. And I
18 also teach the pathology course at the Indiana
19 University School of Medicine south Bend campus at
20 Notre Dame.

21 Q Any idea how many forensic autopsies you have
22 performed in your career?

23 A I have performed over 2000 autopsies.

24 Q All right. I would like to draw your attention to
25 November of 2002. Do you recall performing an

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1 autopsy on the body of Helen Sailor?

2 A Yes.

3 Q Can you please explain to us, first of all how you
4 came into contact with this responsibility?

5 A Well, as -- as -- in my role as a forensic
6 pathologist at the South Bend Medical Foundation, I
7 perform autopsies for various coroners around the
8 area, including Elkhart County. So I was contacted
9 by the Elkhart County coroner about this case and
10 was, you know, given some background information
11 about the case.

12 When that happens, the typical situation is we
13 set up a time where the police can be there, the
14 coroner can be there, and I can be there, meaning
15 Elkhart General Hospital's morgue, and I can
16 perform an autopsy. So that's what we did. We set
17 it up, and I started the autopsy at Elkhart General
18 Hospital on November 29th at 3:30 in the afternoon.

19 Q When you began the autopsy on November 29 on the --
20 on the body of Helen Sailor, what did you do first?

21 A The first thing that is done is to do what's
22 referred to as an external examination where I look
23 at the body. Depending on the case, we may collect
24 trace evidence at that time or any other evidence
25 that might need to be collected.

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1 torso and the legs and then go up.

2 A She had what -- what I would call minor or
3 superficial very relatively smaller insignificant
4 looking, at least initially, injuries including
5 some abrasions, which are scrapes or scratches, as
6 well as contusions, which are bruises, in various
7 parts of the body below the level of the head and
8 neck.

9 Specifically, she had -- I need to refer to me
10 notes so that I get it exactly correct -- on the
11 left buttocks she had some blue contusions,
12 bruises. She had some subtle contusions or bruises
13 on the midportion of the left side of her back.
14 She had a subtle blue contusion of her upper left
15 back.

16 Q What about her neck?

17 A Her neck had some significant injuries.

18 Q We'll talk about it in detail though in just a few
19 minutes. Also, in general, were there any other
20 signs of trauma about her head and face area?

21 A Yes.

22 Q What were they?

23 A She had abrasions, or scrapes and scratches, as
24 well as bruises or contusions on her face.

25 Specifically again, she had a scrape/bruise on her

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1 left forehead, she had an abrasion or a scrape on
2 her nose, she had what most people would call black
3 eyes on both sides. We call that bilateral,
4 meaning both sides; periorbital, that means around
5 the eyes; ecchymosis, which is another fancy way to
6 call a bruise. So she had bilateral, both eyes;
7 periorbital, around the eyes; ecchymosis, or
8 bruising, so black eyes. She had some blood that
9 came out of her right ear. She had a laceration of
10 the tip of her tongue.

11 Q Doctor, do you prepare notes so that you can keep
12 all these injuries straight in light of all the
13 autopsies that you do?

14 A Yes.

15 Q Do you also do diagrams so that you can document
16 where injuries are on certain bodies?

17 A Yes.

18 Q I'd like to show you what's been marked for
19 identification purposes as State's Exhibit 2 and
20 ask if you recognize this?

21 A Yes, I do.

22 Q What is it?

23 A State's Exhibit 2 is photocopy of the body diagram
24 that I prepared for Helen Sailor. It shows the
25 front and back of a female's body nude, and then it

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1 to the tongue, again, suggest possible -- a blunt
2 force type of injuries impact, but also possible --

3 When I talk about compression of the neck,
4 that's the category of asphyxial injury. Asphyxia
5 means without a pulse, but we use it more commonly
6 to refer to a lack of oxygen, and there are all
7 sorts of asphyxial injuries one of which is
8 compression of the neck. Another of which is
9 compression of the mouth and nose and we call that
10 smothering. You can sometimes see injuries such as
11 the laceration and the contusion with tearing of
12 the tongue, the bruise of the tongue, when there's
13 a smothering type of mechanism occurring.

14 Q Now, Doctor, let's go ahead and move along to the
15 area of the neck. You indicated that there was
16 also some trauma around Helen's neck. Can you
17 please describe that in detail?

18 A Yes. And we've seen a little of it in the
19 photographs we've seen already. There was a
20 circumferential, meaning all the way around the
21 neck. What I refer to as a *furrow mark*, it's an
22 abrasion, contusion -- abrasion and contusion
23 caused by a ligature, something that can be readily
24 wrapped around something, a ligature.

25 And when a ligature is wrapped around a neck

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1 back.

2 The petechia and the congestion of the neck
3 and face that I discussed earlier was confined to
4 the area above where that ligature was. Below that
5 there were no petechia.

6 Q Now, I'd like to show you what's been marked for
7 identification purposes as State's Exhibit 10. Do
8 you recognize this?

9 A Yes, I do.

10 Q What is it?

11 A This is a body diagram that I prepared in this
12 autopsy on Helen Sailor. This body diagram shows
13 four views of an adult face. The left side, the
14 front, the right side, and the back. It also
15 includes the neck. On this diagram with this
16 particular case, I have indicated the injuries that
17 I have just discussed with you and have notation
18 about those injuries on this diagram.

19 Q Does this appear to be a true and accurate
20 photocopy of the notes that you personally prepared
21 on November 29, 2002 regarding the autopsy of Helen
22 Sailor?

23 A Yes.

24 Q Do you believe that this will assist the jury in
25 illustrating your testimony and being specific

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1 about the location and the appearance of these
2 injuries?

3 A Yes.

4 Q Thank you.

5 MS. BECKER: State would move to admit what's
6 been marked for identification purposes as State's
7 Exhibit 10?

8 THE COURT: Mr. Crawford.

9 MR. CRAWFORD: No objection.

10 THE COURT: And, Mr. Zook.

11 MR. ZOOK: No objection.

12 THE COURT: State's Exhibit 10 will be admitted
13 without objection.

14 MS. BECKER: State would move to publish
15 State's Exhibit 10 by electronic display.

16 MR. ZOOK: No objection.

17 MR. CRAWFORD: No objection.

18 THE COURT: State's Exhibit 10 will be
19 published without objection in any manner of the state's
20 choosing.

21 (State's Exhibit 10 was published to
22 the jury.)

23 BY MS. BECKER:

24 Q Doctor, you indicated -- first of all, let's just
25 start with the top left of this diagram. What view

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1 does that show?

2 A Top left shows the left side of the face and neck.

3 Q And what at the bottom can you tell us about the
4 way you have drawn these lines?

5 A You can see that I've drawn the furrow mark as it
6 was evident at autopsy along the left side of the
7 neck here.

8 Q Is there anything significant about the number of
9 furrow marks or the width or appearance of this
10 furrow mark that you found to be important?

11 A Yes. The fact that it ranges, you know, up to a
12 inch or so, but down to a quarter of an inch
13 suggests first of all that the ligature perhaps
14 measured approximately one quarter inch in width.
15 The fact that we have areas where it measures wider
16 than that suggests that there was sliding of that
17 ligature on the neck or perhaps loosening and then
18 retightening so that there areas that appear wider.

19 It's relatively frequent that we see this even
20 if we know the exact ligature that is involved in a
21 case. We see marks on the -- the neck that are
22 wider than that because that ligature has moved
23 around or had multiple periods of tightening or
24 loosening. Whether there's a struggle involved or
25 not, that can result.

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- 1 So -- and then there are areas that I've
2 indicated here. There's an area of central
3 blanching where we have abrasion or scratch mark on
4 either side of an area where there is nothing, and
5 that suggests that it was a pretty significant area
6 of tightening of the ligature when that injury was
7 formed such that the sides of the neck that bent
8 around the ligature as it was tightening had the
9 abrasions or scratches from being up against that
10 ligature whereas the part that was immediately
11 under it was blanched, meaning the blood was pushed
12 out of it as that injury occurred.
- 13 Q When you tighten a ligature at such an extreme that
14 is causes the skin to fold like that, does that
15 take a significant amount of force?
- 16 A Relatively speaking, when we're talking about neck,
17 neck trauma, yes.
- 18 Q All right. Now, in the bottom left side, you have
19 the opposite side of the head; and if you look at
20 right margin and the right margin of those two, you
21 have some numbers written. Is that characteristic
22 of the measurements that you took?
- 23 A Yes. Are you talking about the seven and ten?
- 24 Q Exactly.
- 25 A Yes. On this lower left portion of the diagram,

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1 it's the right side of the face and neck; and again
2 you can see a ligature mark. This one doesn't have
3 nearly as much overlapping, and it doesn't get as
4 wide, but what I've indicated on the upper diagram
5 is at the back of the neck, this ligature measures
6 seven inches from the top of the head. In the
7 front, it measures ten inches from the top of the
8 head as I -- as I explained earlier.

9 Q Let's move now to the bottom right which would show
10 the back of the head. Can you explain what these
11 drawings that you've made here represent?

12 A Yes. The bottom right is the back of the head, and
13 you can see a continuation of that furrow mark
14 across the back of the head, and this is where it
15 would be seven inches from the top of the head
16 here.

17 Q And now let's go ahead and move up to the top
18 right. What is significant about that mark, if
19 anything?

20 A This -- this furrow mark shows the -- that it
21 crosses the -- about midlevel across the neck.
22 Again, there is some -- some degree of
23 criss-crossing here, and there's some contusions
24 and abrasions there.

25 Q This degree of criss-cross, is your diagram

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1 accurate to show that maybe there's some area that
2 was not effected by the ligature?

3 A Yes. And -- and I tried to draw these diagrams as
4 accurately as possible again for my notation
5 purposes keeping in mind that there are photographs
6 taken also for absolute documentation. But this is
7 drawn to show that as for coming from her right
8 side of her neck this way across the very middle of
9 the neck, it comes downward a bit, and then there's
10 an area of blanching, and then it starts again.

11 This suggests that whatever ligature was
12 there, that might be where a ligature is perhaps
13 twisted; or we see this frequently in hanging
14 deaths where the knot occurred in the noose. It's
15 typically in the back of the neck, but you see this
16 criss-cross type of configuration here where the
17 furrow marks don't go right end to end
18 continuously.

19 There appears to be a portion that kind of
20 veers off to the side and another one coming in and
21 an area of blanching. You could imagine in a
22 hanging victim the knot in the back of the neck
23 could have an appearance like that. So it -- so it
24 suggests some twisting of a ligature,
25 criss-crossing of the ligature, or a knot.

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1 Q All right. Now, I'd like to show you what's been
2 marked for identification purposes as State's
3 Exhibit 11. Do you recognize this?

4 A Yes.

5 Q What is it?

6 A State's Exhibit 11 is a photograph of Mrs. Sailor
7 as autopsy showing that front portion of the neck
8 that we've just described a little off to the side,
9 the left side, showing in much greater detail than
10 my diagram what I -- what I just tried to explain
11 to you.

12 Q Thank you. Next I'd like you to show you what's
13 been marked for identification purposes as State's
14 Exhibit 12. Do you recognize this?

15 A Yes.

16 Q What is it?

17 A State's Exhibit 12 is a photograph of Mrs. Sailor
18 at autopsy showing the left side of her neck again
19 showing the furrow mark and showing some of the
20 very subtle parallel lines that we refer to as a
21 patterned abrasion that I described earlier.

22 Q Thank you. Next I'd like to show you what's been
23 marked for identification purposes as State's
24 Exhibit 13. Do you recognize this?

25 A Yes.

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1 Q What is this?

2 A State's Exhibit 13 is a closer-up view of the left
3 side of Mrs. Sailor's neck at autopsy showing this
4 pattern of four parallel lines, very small lines
5 running together at the lower end this entire
6 furrow mark that was on the neck.

7 Q Finally, I'd like to show you what's been marked
8 for identification purposes as State's Exhibit 14.
9 Do you recognize this?

10 A Yes.

11 Q What is it?

12 A State's Exhibit 14 is photograph showing the -- the
13 back of Mrs. Sailor's neck. Again, you can see --
14 the furrow mark on the back, and there are areas
15 that have that pattern to them again.

16 Q Do all of these exhibits, namely, State's Exhibits
17 11, 12, 13, and 14 accurately represent what you
18 personally observed on November 29, 2002 during the
19 autopsy of Helen Sailor's body?

20 A Yes, they do.

21 Q Do you believe that they will assist the jury in
22 illustrating your testimony and also provide
23 evidence of the actual injuries you observed?

24 A Yes.

25 Q And are -- were they all taken on November 29,

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1 2002?

2 A Yes.

3 MS. BECKER: Thank you. State now moves to
4 admit what's been marked for identification purposes as
5 State's Exhibit 11 through 14 inclusive.

6 THE COURT: Mr. Crawford.

7 MR. CRAWFORD: No objection.

8 THE COURT: Mr. Zook.

9 MR. ZOOK: No objection.

10 THE COURT: Exhibits 11, 12, 13 and 14 will be
11 admitted without objection.

12 MS. BECKER: State moves for publication by
13 electronic means.

14 THE COURT: Counsel.

15 MR. CRAWFORD: No objection.

16 MR. ZOOK: No objection.

17 THE COURT: Exhibits 11, 12, 13 and 14 will be
18 published without objection in any manner of choosing by
19 the state.

20 MS. BECKER: Thank you, your Honor.

21 BY MS. BECKER:

22 Q Okay. State's Exhibit 11 you indicated was showing
23 the ligature mark around the front of the neck.

24 Can you show us where you're talking about a
25 criss-cross pattern?

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1 A Yes. This area of the abrasion on the furrow mark
2 has an extension somewhat downward here. Her feet
3 are down to the left of the screen, her face is up
4 here. So that abrasion continues this way.
5 There's one that continues this way, but there's
6 another that stops right here and does not
7 intersect with this downward abrasion. That's
8 where I'm talking about the crisscross pattern.

9 Q Next is 12. Which side of the face of this is
10 Helen's?

11 A This is the left side of the neck. You can see her
12 chin here. This is the bottom of the left portion
13 of the ear. There's a lot of glare on this
14 picture, the white; but the furrow mark is right
15 here, and the area that is in the next photograph
16 that is a close-up is an area where we can see four
17 subtle parallel lines here. It will be much more
18 visible in the next photograph.

19 Q Go ahead and go to 12 then.

20 A These are the four parallel lines that I'm talking
21 about in this ligature mark. And you can see them
22 extending all the way along the side, this left
23 side of the neck. You can see a contusion here, a
24 bruise. You can see more of the abrasions and
25 contusions of the furrow mark complex here. Here

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1 is where it's measuring about one inch, and you can
2 see that there's multiple areas where the ligature
3 caused injury here. But this is what I refer to as
4 a patterned abrasion, very specific. Four parallel
5 lines running along this area that I'm indicating
6 with the laser.

7 Q And then finally, Helen -- the back of Helen's
8 neck. What are there injuries around the neck?

9 A Yes. The back of the neck the furrow mark runs in
10 this location. Again, it's relatively wide in the
11 back, and there are areas throughout this where you
12 can see some of those four parallel lines again.
13 Not nearly as well as we saw in the left picture,
14 but focally in individual areas there we can see
15 that pattern.

16 Q Thank you, Doctor.

17 THE COURT: Ladies and gentlemen, we're going
18 to go to give you a recess at this time. You are all
19 jurors in this case. I must tell you now and I will
20 repeat this again each time you are permitted to
21 separate.

22 Generally, you should not express any opinion
23 about the case before it is submitted to you for
24 deliberation; however, you are permitted to discuss the
25 evidence presented in this case amongst yourselves in the

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1 she was known to take pills from other persons for the
2 purpose of getting marijuana for them. We believe that
3 it does show a motive. We believe that it ties her to
4 this crime without any other means of explanation.

5 THE COURT: I'll take the matter under
6 advisement. Are ready to go back with the jury?

7 MS. BECKER: Yes.

8 (The jury entered the courtroom, and
9 the following proceedings were had.)

10 THE COURT: Be seated, please. Ladies and
11 gentlemen, the recess lasted a little longer than
12 expected. We were working on some legal issues, and that
13 accounted for some of the period of the recess. Ms.
14 Becker.

15 MS. BECKER: Thank you, your Honor.

16 **DIRECT EXAMINATION CONTINUED**

17 BY MS. BECKER:

18 Q Doctor Prahlow, you were indicating that based upon
19 your examination of the body of Helen Sailor during
20 autopsy that it was clear that she was strangled
21 with a ligature. In addition to that, did you
22 notice any other diseases from which she was
23 suffering or any other problems with her physical
24 condition during the autopsy?

25 A Yes.

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1 Q What did you notice?

2 A On internal examination when the body is opened and
3 the organs are removed one by one, we not only take
4 note of injuries that are present we also take note
5 of natural diseases that we may find.

6 Specifically, with Mrs. Sailor's autopsy, she
7 had a heart that was somewhat enlarged, which is
8 not unusual for someone as elderly as she is. She
9 also had atherosclerosis, or hardening of the
10 arteries, again, which is not unusual in the United
11 States population. Specifically, she had some
12 atherosclerosis, or hardening of the arteries, of
13 the aorta, which is the large artery coming off the
14 heart, supplies blood to the rest of the body, and
15 that was from a mild degree to a severe degree
16 focally.

17 She also had some atherosclerosis, or
18 hardening of the arteries of blood vessels in the
19 brain, but just to a mild extent. She also had
20 some changes in her kidneys which suggests some
21 atherosclerosis under the microscope.

22 Q Were any of these internal deformities or
23 deficiencies contributory causes to her death?

24 A No.

25 Q All right. Let's specifically talk about her cause

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1 of death. You've indicated that she was strangled.
2 You've indicated that she had some asphyxia. What
3 exactly was the cause of Helen Sailor's death?

4 A In my opinion, the cause of death was
5 strangulation.

6 Q Okay. There's also term called *manner of death*,
7 what does that mean?

8 A The manner of death -- well, first of all the cause
9 of death. The cause of death is either an injury
10 or a disease, sometimes the combination of both of
11 those that sets in motion the chain of events that
12 leads to death. That's what the cause of death is.
13 It's either an injury or a disease or a combination
14 of those two.

15 The manner of death specifically refers to the
16 means by which that cause of death occurred. In
17 Indiana we have five choices for manner of death
18 when a death certificate is filled out. We can
19 call it a natural death. That's when the death is
20 related to an underlying disease process. It's a
21 natural death. It can be an accidental death, an
22 unforeseen event. It can be a suicide, when
23 someone takes their own life. It can be a
24 homicide, death at the hands of another. And then
25 we have kind of a fifth category where we don't

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1 have enough information to decide between those
2 first four, and we can call it undetermined manner
3 of death.

4 Q In Helen Sailor's death, what was the manner of
5 death?

6 A The manner of death was homicide.

7 Q So if you've got a death at the hands of another
8 based upon your autopsy examination of Helen
9 Sailor's body, that -- is it fair to say that that
10 has enabled you to draw some conclusions just based
11 upon what you've observed?

12 A Yes.

13 Q Specifically let's talk about the ligature marks
14 ranging from a quarter of an inch all the way up to
15 an inch, there being several repeated patterns the
16 crossover, that type of thing. Because of the
17 amount of differences and the changes in those, did
18 it appear to you that death was instant when that
19 ligature was applied?

20 A No.

21 Q Why not?

22 A Because, again, basing it on my experience in doing
23 other cases of strangulation, some of which there
24 was no question unconsciousness occurred within a
25 matter of seconds and then death followed shortly,